

CITY OF CINCINNATI
DIVISION OF PURCHASING
Credit Authorization Agreement
Electronic Funds Transfer



This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information. Information collected on this form will be used by the Treasury Department to transmit payment data. Failure to provide the requested information may delay or prevent the receipt of payment through the Automated Clearing House payment system.

PAYEE/COMPANY INFORMATION

Name:
SSN No. or TAXPAYER ID NO.
Address:
Contact Person:
Telephone Number:
Additional Information

FINANCIAL INSTITUTION INFORMATION

ABA Number:
Financial Institution Name:
Type of Account (checking/savings/lockbox):
Account Number:
Account Name:
ACH Coordinator & Telephone Number:

I hereby authorize the City of Cincinnati Treasurer's Office to process ACH Credit entries to the bank account specified above. This credit will pertain only to Electronic Funds Transfer Payments for the above named Payee.

Signature & Title:

Telephone Number:

Date: _____

Mail to: City of Cincinnati
Division of Purchasing
Vendor Self Service (VSS)
Two Centennial Plaza, Suite 234
805 Central Avenue
Cincinnati, Ohio 45202

Fax: (513) 352-1533

Questions: (513) 352-2437 (Option 1)

For City of Cincinnati use only:

EFT Authorization Number:

Description:

Department Initiating EFT:

Department contact person:

Contract #: _____